(July 2000)

Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Intern.! Revenue Service

General Information

| General miormand | · | | Employer identification number | |
|------------------------------------|---|---|---|--|
| | Larson for S | | 41 1563473 | |
| 2 Mailing address (P.O. Box or no | rmber, street, and room or suit | | | |
| City or town, state, and ZIP_cox | te | _ | | |
| Fers | us Falls, M | Dr1 56537 | | |
| 3 E-mail address of organization | , | - | 1 | |
| Jane A. Dorn | | ustodian's address | | |
| | | F.O. Box 5.2 Par Kers Plairie Mn 5/03/0/ Sb Contact person's address , Lincoln Avenue | | |
| 5a Name of contact person | 5b C | ontact person's address | - Alenue | |
| Cal R. Larson | | Fersus Falls MM 56537 | | |
| 6 Business address of organization | n (if different from mailing addr | ress shown above). Number, street. | | |
| City or town, state, and ZIP cod | e | W - | | |
| Part II Purpose | | | | |
| 7 Describe the purpose of the org | anization | | | |
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| 1 Dlitical | Campaign. | Committee | | |
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| Part III List of All Related | Entities (see instruction | 15) | | |
| 8a Name of related entity | 8b Relationship | 8c Address | | |
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| | | | Mr. May | |
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| For Paperwork Reduction Act Notice | e, see page 4. | Cat. No. 30405V | Form 8871 (7-2000) | |

| Part V | | irectors, and Hignly Co | mpensated Employees (see instructions) |
|--------------|--|---|---|
| 9a Name | | 9b Title | 9c Address |
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| | Under penalties of perjury, I deck Revenue Code, and that I have as | are that the organization named in kamined this notice. Including seco | n Part I is to be treated as an organization described in section 527 of the Interne ompanying schedules and statements, and to the best of my knowledge and belie |
| | it is true, correct, and complete. | / | , |
| | 1 2 mg | . * | . /- / |
| Cian | 1 Cay 16 | 2120 | 7/28/00 |
| Sign Here | Signature of authorized of | ficial | Date |
| неге | | | |